

United States Bankruptcy Court  
Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): <b>Hollis, Thomas E Jr.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Hollis, Morisa G</b>																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>2577</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>1597</b>																					
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1858 Wellington Pl</b> <b>Hoffman Estates, IL</b>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>1858 Wellington Pl</b> <b>Hoffman Estates, IL</b>																					
ZIPCODE <b>60169-2551</b>		ZIPCODE <b>60169-2551</b>																					
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business: <b>Cook</b>																					
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):																					
ZIPCODE		ZIPCODE																					
Location of Principal Assets of Business Debtor (if different from street address above):																							
ZIPCODE																							
<b>Type of Debtor</b> (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other																					
		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																					
		<b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).																					
		<b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
<b>Filing Fee</b> (Check one box)		<b>Chapter 11 Debtors</b>																					
<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000.  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																					
<b>Statistical/Administrative Information</b>																							
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																							
<b>Estimated Number of Creditors</b> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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<b>Estimated Assets</b> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion														
<b>Estimated Liabilities</b> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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THIS SPACE IS FOR COURT USE ONLY																							

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Hollis, Thomas E Jr. &amp; Hollis, Morisa G</b>
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>None</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>None</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<p><b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p><b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p><b>X /s/ Troy L Gleason</b> <b>11/13/08</b> Signature of Attorney for Debtor(s) Date</p>
<p><b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p>		
<p><b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
<p><b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>		
<p><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p>(Name of landlord or lessor that obtained judgment)</p> <p>(Address of landlord or lessor)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Hollis, Thomas E Jr. & Hollis, Morisa G****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Thomas E Hollis, Jr.

Signature of Debtor

**Thomas E Hollis, Jr.**

**X** /s/ Morisa G Hollis

Signature of Joint Debtor

**Morisa G Hollis**

Telephone Number (If not represented by attorney)

**November 13, 2008**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X** /s/ Troy L Gleason

Signature of Attorney for Debtor(s)

**Troy L Gleason 6276510**

Printed Name of Attorney for Debtor(s)

**Gleason & Gleason**

Firm Name

**77 W Washington, Ste 1218**

Address

**Chicago, IL 60602****(312) 578-9530**

Telephone Number

**November 13, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**X** Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

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Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Hollis, Thomas E Jr. & Hollis, Morisa G**

Printed Name(s) of Debtor(s)

**X /s/ Thomas E Hollis, Jr.**

**11/13/2008**

Signature of Debtor

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Morisa G Hollis**

**11/13/2008**

Signature of Joint Debtor (if any)

Date

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
<b>None</b>				
				<b>TOTAL</b> <b>0.00</b>

(Report also on Summary of Schedules)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on Hand</b>	J	<b>75.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking account w/ Chase</b>	W	<b>2,000.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security Deposit w/ Landlord - \$1250.00 - No value to Debtor</b>	J	<b>0.00</b>
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Misc. Household Goods</b>	J	<b>1,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, Pictures, Cds, and Other Collectibles</b>	J	<b>300.00</b>
6. Wearing apparel.		<b>Used Clothing</b>		<b>350.00</b>
7. Furs and jewelry.		<b>Misc. Costume Jewelry</b>	J	<b>100.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Term life through NY Life - no cash value</b>	J	<b>0.00</b>
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401(k) w/ Current Employer - 100% Exempt</b>	W	<b>1,100.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X	<b>Estimated 2007 Federal Income Tax Refund</b>	J	<b>5,900.00</b>
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X	<b>Wife's Workers Compensation Claim against Employer - Injury occurred around 03/2006 - Value Unknown</b>	W	<b>5,000.00</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X	<b>2007 Dodge Nitro</b>	J	<b>12,500.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X	<b>Time Share w/ Consolidated Resorts - Debtors will Surrender Time Share</b>	J	<b>8,000.00</b>
			<b>TOTAL</b>	<b>36,825.00</b>

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash on Hand	735 ILCS 5 §12-1001(b)	75.00	75.00
Checking account w/ Chase	735 ILCS 5 §12-1001(b)	2,000.00	2,000.00
Misc. Household Goods	735 ILCS 5 §12-1001(b)	1,500.00	1,500.00
Books, Pictures, Cds, and Other Collectibles	735 ILCS 5 §12-1001(b)	300.00	300.00
Used Clothing	735 ILCS 5 §12-1001(a)	350.00	350.00
Misc. Costume Jewelry	735 ILCS 5 §12-1001(b)	100.00	100.00
401(k) w/ Current Employer - 100% Exempt	735 ILCS 5 §12-1006(a)	1,100.00	1,100.00
Estimated 2007 Federal Income Tax Refund	735 ILCS 5 §12-1001(b) 735 ILCS 5 §§12-1001(g)(1),(2),(3)	500.00 5,400.00	5,900.00
Wife's Workers Compensation Claim against Employer - Injury occurred around 03/2006 - Value Unknown	820 ILCS 305 §21	100%	5,000.00
2007 Dodge Nitro	735 ILCS 5 §12-1001(c)	4,800.00	12,500.00

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY	
ACCOUNT NO. <b>77212358410</b>  <b>Consolidated Resorts</b> <b>801 S Rampart Blvd Ste 2</b> <b>Las Vegas, NV 89145-4898</b>		Installment account opened 6/06				<b>10,192.00</b>	<b>2,192.00</b>	
VALUE \$ <b>8,000.00</b>								
ACCOUNT NO. <b>76153001</b>  <b>Southwest Airlines Efc</b> <b>PO Box 35708</b> <b>Dallas, TX 75235-0708</b>		Installment account opened 3/07				<b>16,891.00</b>	<b>4,391.00</b>	
VALUE \$ <b>12,500.00</b>								
ACCOUNT NO.								
VALUE \$								
ACCOUNT NO.								
VALUE \$								
<b>Subtotal</b> (Total of this page)			<b>\$ 27,083.00</b>	<b>\$ 6,583.00</b>				
<b>Total</b> (Use only on last page)			<b>\$ 27,083.00</b>	<b>\$ 6,583.00</b>				

**0** continuation sheets attached

Subtotal  
(Total of this page)

Total  
(Use only on last page)

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8592051608</b>  <b>Aarow Financial Services</b> <b>5996 W Touhy Ave</b> <b>Niles, IL 60714-4610</b>	<b>J</b>	<b>Credit Card or Credit Use</b>				<b>702.92</b>
ACCOUNT NO.  <b>Charter One Bank, NA</b> <b>Operations Services</b> <b>1215 Superior Ave E</b> <b>Cleveland, OH 44114-3257</b>		<b>Assignee or other notification for:</b> <b>Aarow Financial Services</b>				
ACCOUNT NO. <b>533375846</b>  <b>Advocate Christ Medical Center</b> <b>4440 W 95th St</b> <b>Oak Lawn, IL 60453-2600</b>	<b>J</b>	<b>Medical or Dental Services</b>				<b>0.00</b>
ACCOUNT NO.  <b>ICS Collection Service</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>		<b>Assignee or other notification for:</b> <b>Advocate Christ Medical Center</b>				
<b>7</b> continuation sheets attached			Subtotal (Total of this page)	\$	<b>702.92</b>	
			Total			
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			
				\$		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Malcolm S Gerald And Assocs 332 S Michigan Ave Ste 600 Chicago, IL 60604-4434</b>		<b>Assignee or other notification for: Advocate Christ Medical Center</b>			
ACCOUNT NO. <b>F00024591539</b>	<b>J</b>	<b>Medical or Dental Services</b>			<b>156.20</b>
<b>Alexian Brothers Medical Center 1555 Barrington Rd Hoffman Estates, IL 60169-1019</b>					
ACCOUNT NO. <b>020022</b>	<b>J</b>	<b>Medical or Dental Services</b>			<b>34.00</b>
<b>Behavioral Healthcare Associates 1375 E Schaumburg Rd Ste 260 Schaumburg, IL 60194-3658</b>					
ACCOUNT NO. <b>529107193923</b>		<b>Revolving account opened 6/99</b>			
<b>Cap One PO Box 5155 Norcross, GA 30091-5155</b>					<b>771.00</b>
ACCOUNT NO. <b>3333</b>	<b>J</b>	<b>Medical or Dental Services</b>			
<b>Cary Bortnick, MD, LTD 303 E Army Trail Rd Ste 100 Bloomingdale, IL 60108-2140</b>					<b>25.95</b>
ACCOUNT NO. <b>00462218</b>	<b>J</b>	<b>Medical or Dental Services</b>			
<b>City Of Chicago EMS 33589 Treasury Center Chicago, IL 60694-3500</b>					<b>473.00</b>
ACCOUNT NO. <b>536707</b>		<b>Open account opened 8/07</b>			
<b>Coast Professional Inc PO Box 1848 Tustin, CA 92781-1848</b>					<b>2,864.00</b>
Sheet no. <b>1</b> of <b>7</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		<b>\$ 4,324.15</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
					<b>\$</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>International Academy Of Desig</b>		<b>Assignee or other notification for: Coast Professional Inc</b>			
ACCOUNT NO. <b>5030131</b>  <b>Collection Second Floor Norwell, MA 02061</b>		<b>Open account opened 9/02</b>			<b>315.00</b>
ACCOUNT NO. <b>Ameritech Consumer Illinois</b>		<b>Assignee or other notification for: Collection</b>			
ACCOUNT NO. <b>597124901</b>  <b>Collection 15 Union St Lawrence, MA 01840-1866</b>		<b>Open account opened 2/07</b>			<b>221.00</b>
ACCOUNT NO. <b>11 Us Cellular Chicago Nw In 869</b>		<b>Assignee or other notification for: Collection</b>			
ACCOUNT NO. <b>603959</b>  <b>Computer Collection Service, Corp 5340 N Clark St Chicago, IL 60640-2120</b>	J	<b>Credit Card or Credit Use</b>			<b>2,399.00</b>
ACCOUNT NO.  <b>New Hope Lutheran School 6416 S Washtenaw Ave Chicago, IL 60629-1734</b>		<b>Assignee or other notification for: Computer Collection Service, Corp</b>			
Sheet no. <u>2</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>2,935.00</b>	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1170123144518</b>  <b>Debt Recovery Solution</b> <b>PO Box 9001</b> <b>Westbury, NY 11590-9001</b>		<b>Open account opened 7/05</b>			<b>267.00</b>
ACCOUNT NO.  <b>Sprint Pcs</b>		<b>Assignee or other notification for: Debt Recovery Solution</b>			
ACCOUNT NO. <b>4126590</b>  <b>Diversified</b> <b>PO Box 551268</b> <b>Jacksonville, FL 32255-1268</b>		<b>Open account opened 12/07</b>			<b>420.00</b>
ACCOUNT NO.  <b>11 Nxtel Sprint</b>		<b>Assignee or other notification for: Diversified</b>			
ACCOUNT NO. <b>67-8746893</b>  <b>Elk Grove Radiology, S.C.</b> <b>75 Remittance Dr, Ste 6500</b> <b>Chicago, IL 60675-6500</b>	J	<b>Medical or Dental Services</b>			<b>167.00</b>
ACCOUNT NO. <b>0060983701</b>  <b>Emergency Room Care Providers</b> <b>Dept 4034</b> <b>PO Box 3065</b> <b>Oak Brook, IL 60522-3065</b>	J	<b>Medical or Dental Services</b>			<b>277.00</b>
ACCOUNT NO. <b>601918184401</b>  <b>Ge Capital Credit Card</b> <b>PO Box 103106</b> <b>Roswell, GA 30076-9106</b>		<b>Revolving account opened 10/07</b>			<b>3,151.00</b>
Sheet no. <b>3</b> of <b>7</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>4,282.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>20752349</b>  <b>Great American Finance</b> <b>205 W Wacker Dr</b> <b>Chicago, IL 60606-1216</b>		<b>Installment account opened 9/07</b>			<b>1,579.00</b>
ACCOUNT NO. <b>3203027-2</b>  <b>Holy Cross Hospital</b> <b>2701 W 68th St</b> <b>Chicago, IL 60629-1813</b>	J	<b>Medical or Dental Services</b>			<b>135.25</b>
ACCOUNT NO.  <b>Holy Cross Hospital</b> <b>Payment Center</b> <b>PO Box 2166</b> <b>Bedford Park, IL 60499-2166</b>		<b>Assignee or other notification for: Holy Cross Hospital</b>			
ACCOUNT NO. <b>9517026</b>  <b>Illinois Collection Se</b> <b>8231 185th St Ste 100</b> <b>Tinley Park, IL 60487-9356</b>		<b>Open account opened 1/07</b>			<b>1,862.00</b>
ACCOUNT NO.  <b>Holy Cross Hospital</b>		<b>Assignee or other notification for: Illinois Collection Se</b>			
ACCOUNT NO. <b>1354880</b>  <b>Medical Collections Sy</b> <b>Suite 501</b> <b>Chicago, IL 60607</b>		<b>Installment account opened 5/02</b>			<b>178.00</b>
ACCOUNT NO.  <b>Evergreen Medical Specialists</b>		<b>Assignee or other notification for: Medical Collections Sy</b>			
Sheet no. <b>4</b> of <b>7</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>3,754.25</b>	
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>96755</b>  <b>Midwest Anesthesiologists Ltd</b> <b>185 Penny Ave</b> <b>East Dundee, IL 60118-1454</b>	J	<b>Medical or Dental Services</b>			<b>321.97</b>
ACCOUNT NO. <b>18022</b>  <b>Monco Law Offices, S.C.</b> <b>PO Box 1641</b> <b>Brookfield, WI 53008-1641</b>	J	<b>Credit Card or Credit Use</b>			<b>545.37</b>
ACCOUNT NO.  <b>Assocccated Bank</b> <b>1200 Hansen Rd</b> <b>Green Bay, WI 54304-5448</b>		<b>Assignee or other notification for: Monco Law Offices, S.C.</b>			
ACCOUNT NO. <b>536060</b>  <b>Nicor Gas</b> <b>1844 W Ferry Rd</b> <b>Naperville, IL 60563-9662</b>		<b>Open account opened 4/07</b>			<b>21.00</b>
ACCOUNT NO. <b>J17287</b>  <b>PFG Of Minnesota</b> <b>7825 Washington Ave S Ste 310</b> <b>Minneapolis, MN 55439-2430</b>	J	<b>Credi Card or Credit Use</b>			<b>349.10</b>
ACCOUNT NO. <b>8592051608</b>  <b>Portfolio Recoveries</b> <b>PO Box 12914</b> <b>Norfolk, VA 23541-0914</b>		<b>Open account opened 5/07</b>			<b>589.00</b>
ACCOUNT NO.  <b>Arrow Financial Services Llc</b>		<b>Assignee or other notification for: Portfolio Recoveries</b>			
Sheet no. <b>5</b> of <b>7</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,826.44</b>	
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Hch848g0102310</b>		<b>Open account opened 5/07</b>			<b>25.00</b>
<b>Portfolio Recovery And Aff 120 Corporate Blvd Ste 10 Norfolk, VA 23502-4962</b>					
ACCOUNT NO. <b>Holy Cross Hospital</b>		<b>Assignee or other notification for: Portfolio Recovery And Aff</b>			
ACCOUNT NO. <b>756319A</b>	J	<b>Medical or Dental Services</b>			
<b>Radiological Consultants Of Woodsto 9410 Compubill Dr Orland Park, IL 60462-2627</b>					<b>22.23</b>
ACCOUNT NO. <b>504994803023</b>		<b>Revolving account opened 8/00</b>			
<b>Sears/cbsd PO Box 20363 Kansas City, MO 64195-0363</b>					<b>364.00</b>
ACCOUNT NO. <b>76153002</b>		<b>Installment account opened 5/07</b>			
<b>Southwest Airlines Efc PO Box 35708 Dallas, TX 75235-0708</b>					<b>1,428.00</b>
ACCOUNT NO. <b>544098837</b>	J	<b>Utility or Cellular Service</b>			
<b>Sprint PO Box 17990 Denver, CO 80217-0990</b>					<b>229.52</b>
ACCOUNT NO. <b>Debt Recovery Solution 900 Merchants Concourse Ste 106 Westbury, NY 11590-5142</b>		<b>Assignee or other notification for: Sprint</b>			
Sheet no. <b>6</b> of <b>7</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>2,068.75</b>	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>Diversified Consultants, Inc PO Box 551268 Jacksonville, FL 32255-1268</b>		Assignee or other notification for: <b>Sprint</b>			
ACCOUNT NO. <b>180099</b> <b>Village Of Hoffman Estates PO Box 457 Wheeling, IL 60090-0457</b>	<b>J</b>	<b>Medical or Dental Services</b>			<b>573.83</b>
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
Sheet no. <b>7</b> of <b>7</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>573.83</b>	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <b>20,467.34</b>	

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Daughter</b> <b>Son</b> <b>Son</b> <b>Daughter</b>	AGE(S): <b>11</b> <b>9</b> <b>9</b> <b>2</b>
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation		
Name of Employer <b>Steak And Shake</b>		
How long employed <b>6 months</b>		
Address of Employer <b>Chicago, IL</b>		

**INCOME:** (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	DEBTOR	SPOUSE
\$	<b>829.29</b>	\$
\$		\$
	<b>829.29</b>	<b>0.00</b>

**3. SUBTOTAL**

4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$	<b>279.63</b>
b. Insurance	\$	
c. Union dues	\$	
d. Other (specify) <b>Garnishment</b>	\$	<b>17.01</b>
	\$	

**5. SUBTOTAL OF PAYROLL DEDUCTIONS**

<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	\$	<b>296.64</b>	\$	<b>0.00</b>
	\$	<b>532.65</b>	\$	<b>0.00</b>

7. Regular income from operation of business or profession or farm (attach detailed statement)	\$		\$
8. Income from real property	\$		\$
9. Interest and dividends	\$		\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$		\$
11. Social Security or other government assistance (Specify) <b>Unemployment</b>	\$		\$
	\$		<b>1,636.74</b>
12. Pension or retirement income	\$		\$
13. Other monthly income (Specify)	\$		\$
	\$		\$
	\$		\$

**14. SUBTOTAL OF LINES 7 THROUGH 13**

<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	\$	<b>532.65</b>	\$	<b>1,636.74</b>
	\$		\$	

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$	<b>2,169.39</b>

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ **235.00**

a. Are real estate taxes included? Yes        No ✓  
 b. Is property insurance included? Yes        No ✓

2. Utilities:

a. Electricity and heating fuel \$ **175.00**  
 b. Water and sewer \$ **40.00**  
 c. Telephone \$ **85.00**  
 d. Other Cell Phone \$ **65.00**

3. Home maintenance (repairs and upkeep) \$ \_\_\_\_\_

4. Food \$ **425.00**

5. Clothing \$ **100.00**

6. Laundry and dry cleaning \$ **50.00**

7. Medical and dental expenses \$ **35.00**

8. Transportation (not including car payments) \$ **200.00**

9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ **25.00**

10. Charitable contributions \$ \_\_\_\_\_

11. Insurance (not deducted from wages or included in home mortgage payments)

a. Homeowner's or renter's \$ \_\_\_\_\_  
 b. Life \$ \_\_\_\_\_  
 c. Health \$ \_\_\_\_\_  
 d. Auto \$ **120.00**  
 e. Other \$ \_\_\_\_\_

12. Taxes (not deducted from wages or included in home mortgage payments)  
(Specify) \$ \_\_\_\_\_

13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)

a. Auto \$ **390.00**  
 b. Other \$ \_\_\_\_\_

14. Alimony, maintenance, and support paid to others \$ \_\_\_\_\_

15. Payments for support of additional dependents not living at your home \$ \_\_\_\_\_

16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ \_\_\_\_\_

17. Other See Schedule Attached \$ **215.00**

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **2,160.00**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I \$ **2,169.39**  
 b. Average monthly expenses from Line 18 above \$ **2,160.00**  
 c. Monthly net income (a. minus b.) \$ **9.39**

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

Other Expenses (DEBTOR)

<b>Child Care</b>	<b>50.00</b>
<b>Personal Car And Grooming</b>	<b>100.00</b>
<b>Bank Fees &amp; Postage</b>	<b>15.00</b>
<b>Vehicle Care And Maintenance</b>	<b>50.00</b>

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 22 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: November 13, 2008Signature: /s/ Thomas E Hollis, Jr.

Thomas E Hollis, Jr.

Debtor

Date: November 13, 2008Signature: /s/ Morisa G Hollis

Morisa G Hollis

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Hollis, Thomas E Jr. & Hollis, Morisa G

Chapter 7 \_\_\_\_\_

Debtor(s)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

**None** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>15,000.00</b>	<b>Estimated 2006 income from employment</b>
<b>20,000.00</b>	<b>Estimated 2007 income from employment</b>
<b>829.29</b>	<b>Estimated 2008 income from employment (monthly)</b>

### 2. Income other than from employment or operation of business

**None** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>378.00</b>	<b>Estimated 2008 income from unemployment (weekly)</b>

### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

**a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**b. Debtor whose debts are not primarily consumer debts:** List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**c. All debtors:** List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE  
**Gleason & Gleason**  
**77 W Washington, Ste 1218**  
**Chicago, IL 60602**

DATE OF PAYMENT, NAME OF  
 PAYOR IF OTHER THAN DEBTOR  
**3/04/2008**

AMOUNT OF MONEY OR DESCRIPTION  
 AND VALUE OF PROPERTY  
**676.00**

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS  
6349 S. Washtenaw, Chicago, IL 60629  
7143 S Artesain, Chicago, IL

NAME USED  
Debtor - Same  
Co-Debtor - Same

DATES OF OCCUPANCY  
Moved 04/2007  
Moved 04/2007

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None  a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: November 13, 2008

Signature /s/ Thomas E Hollis, Jr.  
of Debtor

**Thomas E Hollis, Jr.**

Date: November 13, 2008

Signature /s/ Morisa G Hollis  
of Joint Debtor  
(if any)

**Morisa G Hollis**

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Hollis, Thomas E Jr. & Hollis, Morisa G

Chapter 7 \_\_\_\_\_

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 36,825.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 27,083.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		\$ 20,467.34	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,169.39
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 2,160.00
TOTAL		20	\$ 36,825.00	\$ 47,550.34	

IN RE:

Case No. \_\_\_\_\_

Hollis, Thomas E Jr. & Hollis, Morisa G

Chapter 7 \_\_\_\_\_

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>2,169.39</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>2,160.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>2,451.85</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ <b>6,583.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ <b>0.00</b>
4. Total from Schedule F	\$ <b>20,467.34</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ <b>27,050.34</b>

IN RE:

Hollis, Thomas E Jr.

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Thomas E Hollis, Jr.

Date: November 13, 2008

IN RE:

Hollis, Morisa G

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

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2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Morisa G Hollis

Date: November 13, 2008

**IN RE:**

Case No. \_\_\_\_\_

**Hollis, Thomas E Jr. & Hollis, Morisa G**

## Chapter 7

**Debtor(s)**

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
 I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
 I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property \_\_\_\_\_ Creditor's Name \_\_\_\_\_ Property will be Surrendered \_\_\_\_\_ Property is claimed as exempt \_\_\_\_\_ Property will be redeemed pursuant to 11 U.S.C. § 722 \_\_\_\_\_ Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)

Time Share w/ Consolidated Resorts - Det: Consolidated Resorts ✓  
2007 Dodge Nitro Southwest Airlines Efc ✓

**11/13/2008** /s/ **Thomas E Hollis, Jr.** /s/ **Morisa G Hollis**  
Date **Thomas E Hollis, Jr.** Debtor **Morisa G Hollis** Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

---

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

---

## Address

---

**Signature of Bankruptcy Petition Preparer**

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Hollis, Thomas E Jr. & Hollis, Morisa G

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 40

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 13, 2008

/s/ Thomas E Hollis, Jr.

Debtor

/s/ Morisa G Hollis

Joint Debtor

Hollis, Thomas E Jr.  
1858 Wellington PI  
Hoffman Estates, IL 60169-2551

Charter One Bank, NA  
Operations Services  
1215 Superior Ave E  
Cleveland, OH 44114-3257

Diversified Consultants, Inc  
PO Box 551268  
Jacksonville, FL 32255-1268

Hollis, Morisa G  
1858 Wellington PI  
Hoffman Estates, IL 60169-2551

City Of Chicago EMS  
33589 Treasury Center  
Chicago, IL 60694-3500

Elk Grove Radiology, S.C.  
75 Remittance Dr, Ste 6500  
Chicago, IL 60675-6500

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Coast Professional Inc  
PO Box 1848  
Tustin, CA 92781-1848

Emergency Room Care Providers  
Dept 4034  
PO Box 3065  
Oak Brook, IL 60522-3065

Aarow Financial Services  
5996 W Touhy Ave  
Niles, IL 60714-4610

Collection  
Second Floor  
Norwell, MA 02061

Ge Capital Credit Card  
PO Box 103106  
Roswell, GA 30076-9106

Advocate Christ Medical Center  
4440 W 95th St  
Oak Lawn, IL 60453-2600

Collection  
15 Union St  
Lawrence, MA 01840-1866

Great American Finance  
205 W Wacker Dr  
Chicago, IL 60606-1216

Alexian Brothers Medical Center  
1555 Barrington Rd  
Hoffman Estates, IL 60169-1019

Computer Collection Service, Corp  
5340 N Clark St  
Chicago, IL 60640-2120

Holy Cross Hospital  
2701 W 68th St  
Chicago, IL 60629-1813

Associated Bank  
1200 Hansen Rd  
Green Bay, WI 54304-5448

Consolidated Resorts  
801 S Rampart Blvd Ste 2  
Las Vegas, NV 89145-4898

Holy Cross Hospital  
Payment Center  
PO Box 2166  
Bedford Park, IL 60499-2166

Behavioral Healthcare Associates  
1375 E Schaumburg Rd Ste 260  
Schaumburg, IL 60194-3658

Debt Recovery Solution  
PO Box 9001  
Westbury, NY 11590-9001

ICS Collection Service  
PO Box 646  
Oak Lawn, IL 60454-0646

Cap One  
PO Box 5155  
Norcross, GA 30091-5155

Debt Recovery Solution  
900 Merchants Concourse Ste 106  
Westbury, NY 11590-5142

Illinois Collection Se  
8231 185th St Ste 100  
Tinley Park, IL 60487-9356

Cary Bortnick, MD, LTD  
303 E Army Trail Rd Ste 100  
Bloomingdale, IL 60108-2140

Diversified  
PO Box 551268  
Jacksonville, FL 32255-1268

Malcolm S Gerald And Assocs  
332 S Michigan Ave Ste 600  
Chicago, IL 60604-4434

Medical Collections Sy  
Suite 501  
Chicago, IL 60607

Midwest Anesthesiologists Ltd  
185 Penny Ave  
East Dundee, IL 60118-1454

Sprint  
PO Box 17990  
Denver, CO 80217-0990

Monco Law Offices, S.C.  
PO Box 1641  
Brookfield, WI 53008-1641

Village Of Hoffman Estates  
PO Box 457  
Wheeling, IL 60090-0457

New Hope Lutheran School  
6416 S Washtenaw Ave  
Chicago, IL 60629-1734

Nicor Gas  
1844 W Ferry Rd  
Naperville, IL 60563-9662

PFG Of Minnesota  
7825 Washington Ave S Ste 310  
Minneapolis, MN 55439-2430

Portfolio Recoveries  
PO Box 12914  
Norfolk, VA 23541-0914

Portfolio Recovery And Aff  
120 Corporate Blvd Ste 10  
Norfolk, VA 23502-4962

Radiological Consultants Of Woodsto  
9410 Compubill Dr  
Orland Park, IL 60462-2627

Sears/cbsd  
PO Box 20363  
Kansas City, MO 64195-0363

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Hollis, Thomas E Jr. & Hollis, Morisa G

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>676.00</b>
Prior to the filing of this statement I have received .....	\$	<b>676.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:  Debtor  Other (specify): \_\_\_\_\_

3. The source of compensation to be paid to me is:  Debtor  Other (specify): \_\_\_\_\_

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters;**
- [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Litigation/Adversary Proceedings**  
**Motions to Redeem \$400.00**  
**Credit Education Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 13, 2008

Date

/s/ Troy L Gleason

Signature of Attorney

Gleason & Gleason

Name of Law Firm

(Keep for your records)

Your SSN  
323-68-1597

Name(s) as shown on form

MORISA &amp; THOMAS HOLLIS

1. Enter the amount from Form 1040 or Form 1040A, line 7, or Form 1040EZ, line 1 plus any nontaxable combat pay elected to be included in earned income ..... 1. 20,643
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here; plus any amounts received for work performed while an inmate in a penal institution; plus any amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan ..... 2. \_\_\_\_\_
3. Subtract line 2 from line 1 ..... 3. 20,643
4. If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet for self-employed taxpayers ..... 4. \_\_\_\_\_
5. Add lines 3 and 4 ..... 5. 20,643
6. Look up the amount on line 5 above in the **EIC Table** on pages 53-59 to find your credit. Enter the credit here. If line 6 is zero, **stop**. You cannot take the credit. Enter "No" directly to the right of Form 1040, line 66a, or Form 1040A, line 40a. ..... 6. 4,035
7. Enter your AGI or Form 1040EZ, line 4 ..... 7. 20,643
8. Is line 7 less than -
  - \$7,000 if you do not have a qualifying child? (\$9,000 if married filing joint)
  - \$15,400 if you have at least one qualifying child? (\$17,400 if married filing joint) Yes. Go to line 9 now.
  No. Look up the amount on line 7 above in the **EIC Table** to find your credit.
   
Enter the credit here ..... 8. 4,035
9. Earned Income credit.
  - If you checked "Yes" on line 8, enter the amount from line 8.
  - If you checked "No" on line 8, enter the **smaller** of line 6 or line 8 ..... 9. 4,035

For additional information on the EIC calculation see the form instructions or IRS Publication 596.

Forms 1040, 1040A

1040NR

Name(s) as shown on return

MORISA &amp; THOMAS HOLLIS

Keep for your records.

Your social security number

323-68-1597

**Before you begin:** Figure the amount of any retirement savings contributions credit you are claiming on Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48.

**CAUTION!** To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2007 and meet the other requirements listed in Instructions.

**Part 1** 1. Number of qualifying children: 2 X \$1,000. Enter the result: 2,000

2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36. 2 20,643

3. **1040 Filers.** Enter the total of any -

- Exclusion of income from Puerto Rico, and
- Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. **1040A and 1040NR Filers.** Enter -0-.

4. Add lines 2 and 3. Enter the total. 3

5. Enter the amount shown below for your filing status.

- Married filing jointly - \$110,000
- Single, head of household, or qualifying widow(er) - \$75,000
- Married filing separately - \$55,000

6. Is the amount on line 4 more than the amount on line 5?

**No.** Leave line 6 blank. Enter -0- on line 7.

**Yes.** Subtract line 5 from line 4.

If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 0

8. Is the amount on line 1 more than the amount on line 7?

**No. STOP**

You cannot take the child tax credit on Form 1040, line 52; Form 1040A, line 32; or Form 1040NR, line 47. You also cannot take the additional child tax credit on Form 1040, line 68; or Form 1040A, line 41; or Form 1040NR, line 62. Complete the rest of your Form 1040, 1040A, or Form 1040NR.

**Yes.** Subtract line 7 from line 1. Enter the result. Go to Part 2. 8 2,000

**Part 2** 9. Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43. 9

10. Add the amounts from -

Form 1040	or	Form 1040A	or	Form 1040NR
Line 47		Line 29		Line 44
Line 48		Line 30		
Line 49		Line 31		
Line 50*			Line 45*	
Line 51			Line 46	
Line 53		Line 33		Line 48

Enter the total. 10

\*Include only the amount, if any, from Form 5695, line 15.

11. Are you claiming any of the following credits?

- Residential energy efficient property credit, Form 5695, Part II
- Adoption credit, Form 8839
- Mortgage interest credit, Form 8396
- District of Columbia first-time homebuyer credit, Form 8859

**No.** Enter the amount from line 10.

**Yes.** Complete the Line 11 Worksheet to figure the amount to enter here.

12. Subtract line 11 from line 9. Enter the result. 12

13. Is the amount on line 8 of this worksheet more than the amount on line 12?

**No.** Enter the amount from line 8.

**Yes.** Enter the amount from line 12. See the TIP below.

**This is your  
child tax credit.**

Enter this amount on  
Form 1040, line 52;  
Form 1040A, line 32;  
or Form 1040NR, line 47.

**TIP** You may be able to take the **additional child tax credit** on Form 1040, line 68; Form 1040A, line 41; or Form 1040NR, line 62 only if you answered "Yes" on line 13.

- First, complete your Form 1040 through line 67; Form 1040A through line 40a, or Form 1040NR through line 61.
- Then, use Form 8812 to figure any additional child tax credit.



000326-0001-00028 C.I.C. 1400592  
Southwest Airlines Administered by:  
Cambridge Integrated Group Services, Inc.  
5505 13 Mile Rd., Suite 300  
Warren MI 48090-2002

TEMPORARY RETURN SERVICE REQUESTED



MORISA HOLLIS  
1858 WELLINGTON PL  
HOFMAN EST, IL 60169

Check	Date	Check Number
08/21/2008		000639655
Check	Code	Handling Code
SWA	DIRECT	

22 1-SW AUTHN

*Att. To: Ry*

WORKERS COMPENSATION FUND  
ADJ-KARLA COX  
CLAIM NUMBER  
2007-0-104196-00038-WC-A  
SWA-DDW-PROVISIONING  
OFFICE# M DALLAS, TX  
(972) 888-4188  
CLAIMANT NAME / DESCRIPTION  
HOLLIS, MORISA (TDD)  
08/18/2008 THRU 08/24/2008 7 DAYS  
D/A 06-23-2007 P 0503  
RES DEPT  
NET BENEFITS: \$292.39



EmpId: 81 Location: 008896-008896  
474142

Steak 'n Shake  
500 Century Building  
36 S Pennsylvania Street  
Indianapolis, IN 46204

Taxable Marital Status: S  
Exemptions/Allowances: Add'l 1  
Fed: 01  
IL: 00

## Earnings Statement

Period Ending: 07/29/2008  
Advice Date: 08/05/2008  
Advice Number: 0000197108  
Batch Number: 000000000654

THOMAS E HOLLIS  
1858 WELLINGTON PLACE  
HOFFMAN ESTATES, IL 60169

### Other Benefits and Information

Type	Account	Amount
Deposit	Che 920028805	135.05
Net Check		0.00

Federal Taxable Wages are

\$770.14

### VACATION Time Earned / Used / Remaining

### Message

Tipped Associates are required to claim all tip income received. This includes credit card tips and tips received directly from guests. All tips are taxable under the law, like wages. Remember to enter all tips received at the end of your shift when clocking out of the POS system.

Earnings	Rate	Hours	This Period	Year-to-Date
Back Wages E		0.00	0.67	
Min Wage Diff		27.39	58.02	
OT-Prod	0.00	18.00		
OT-Service		0.00	156.26	
Reg-Prod		0.00	1160.83	
Reg-Service	4.65/Hr	65.81	JUL 30 3871.45	
<b>Gross Pay</b>		<b>65.87</b>	<b>\$312.69</b>	<b>\$312.69</b>
Cash Tips HP		181.38	2778.35	
Credit Card		263.07	3318.23	

### Tax Deductions

Fed Med/EE/Tip	6.44	88.54
Fed Withholding	66.53	932.80
Fed DASD/Tip/EE	27.55	378.61
Fed MED/EE	4.84	76.35
Fed OASD/EE	20.69	326.44
11. Withholding	23.34	341.14
<b>Total Tax Deductions</b>	<b>119.39</b>	<b>2149.34</b>

### Additional Deductions

Starbridge Health Deductions	41.40	496.80
Garn - Child	7.85	125.60
<b>Additional Deductions</b>	<b>49.25</b>	<b>122.40</b>

\*Excluded from Taxable Wages

**Net Pay**

135.45

2149.34



Steak 'n Shake  
500 Century Building  
36 S Pennsylvania Street  
Indianapolis, IN 46204

## Earnings Statement

Taxable Marital Status: S

Exemptions/Allowances  
Fed: 01  
IL: 00  
Add'l

Period Ending: Page 001 of 001  
Check Date: 02/12/2008  
Batch Number: 0040870186  
00000000581

THOMAS E HOLLIS  
1858 WELLINGTON PLACE  
HOFFMAN ESTATES, IL 60169

Earnings	Rate	Hours	This Period	Year-to-Date
Min Wage Diff				
Reg-Prod	7.5000	13.16	0.00	
Reg-Service	4.5000	63.12	98.71	30.63
Gross Pay				
Cash Tips Rp		6.28	284.04	486.77
Credit Card				529.26
<b>TAX DEDUCTIONS</b>				
Fed MED/EE/tip			167.91	
Fed Withholding			289.04	
Fed OASDI/FE		4.58		
Fed MED/EE		54.64		9.33
Fed OASDI/FE		19.59	82.83	
IL Withholding		5.55	39.91	
IL Tax Reduction		23.73	15.18	
<b>Additional Deductions</b>			20.97	64.89
Garn - Child		129.06	50.71	
Other Additional Deductions			62.85	
Excluded from Taxable Wages		7.85	31.40	
<b>Net Pay</b>				
			242.84	152.41

## Distribution Summary

Type	Account	Amount
Federal Taxable Wages are		245.84
Net Check		\$608.86

Tipped Associates are required to claim all tip income received from credit card tips and tips from guests. This includes tips received directly from guests. All tips are taxable under the law, like wages. Remember to enter all tips received at the end of your shift when clocking out of the POS system.

5508

10420

STATE OF ILLINOIS  
DEPARTMENT OF EMPLOYMENT SECURITY

SOCIAL SECURITY NUMBER.

3223-68-1597 4  
LOCAL OFFICE NUMBER.

MORISA G. HOLLIS  
1858 WELLINGTON PL  
HOFFMAN ESTATES, IL 60169

7

WEEK ENDING DATE	GROSS BENEFIT	D E C R U T I O N S						SUPPLEMENT	NET BENEFIT	
		INCOME	UNAVAILABLE	RETIREMENT	UNEMP.	REGULAR	CHILD. SHRT.			
02/16/2008	378.00								378.00	
02/23/2008	378.00								378.00	
PAYOUT DATE	WEEKS	Check	Amount	Reflects	\$	99.00	Withheld as Tax	CHECK AMOUNT	\$	657.00
02/25/2008	2									

Internal/External Check Nos. 20080504594 / 35470779

YOU CAN NOW ELECT TO HAVE YOUR UI BENEFIT PAYMENT DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT OR TO AN IDES ISSUED DEBIT CARD. TO BEGIN THE PROCESS, CONTACT YOUR LOCAL OFFICE OR VISIT THE IDES WEBSITE AT [WWW.IDES.STATE.IL.US](http://WWW.IDES.STATE.IL.US).

**IMPORTANT**

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL, COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE, CONTINUE TO CALL TEE-SERVICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.
5. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE, CONTINUE TO CALL TEE-SERVICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

XLRB6 (REV. 07/07)

Form 1040

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning

2006, ending

OMB. No. 1545-0074

## Label

L A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		Last name <b>HOLLIS</b>		Your social security number <b>323-68-1597</b>	
If a joint return, spouse's first name and initial <b>MORISA</b>		Last name <b>HOLLIS</b>		Spouse's social security number <b>343-66-2577</b>	
Home address (number and street). If you have a P.O. box, see page 16. <b>6349 S WASHTENAW</b>		Apt. no. <b>IL 60629</b>		You must enter your SSN(s) above. ▲	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <b>Chicago</b>				Checking a box below will not change your tax or refund. ► <input type="checkbox"/> You <input type="checkbox"/> Spouse	

Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.	
Filing Status Check only one box.		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)	
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►		Basis checked on 6a and 6b 2 No. of children on 6c who: • Lived with you • did not live with you due to divorce or separation (see page 20) 2 Dependents on 6c not entered above Add numbers on lines above ► 4	

## Exemptions

If more than four  
dependents, see  
page 19.

b <input checked="" type="checkbox"/> Spouse		
c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you
(1) First name <b>KAMIYA</b>	Last name <b>HOLLIS</b>	355-04-9357 Daughter
<b>THOMAS</b>	<b>HOLLIS</b>	321-96-3254 Son

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 14,991

## Income

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and  
1099-R if tax  
was withheld.If you did not  
get a W-2,  
see page 23.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

8a Taxable interest. Attach Schedule B if required	8b
b Tax-exempt interest. Do not include on line 8a	
9a Ordinary dividends. Attach Schedule B if required	9b
b Qualified dividends (see page 23)	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	
11 Alimony received	
12 Business income or (loss). Attach Schedule C or C-EZ	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	<input type="checkbox"/>
14 Other gains or (losses). Attach Form 4797	
15a IRA distributions	15a
16a Pensions and annuities	16a
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
18 Farm income or (loss). Attach Schedule F	
19 Unemployment compensation	
20a Social security benefits	20a
21 Other income. FORM 1099C	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	700
23 Archer MSA deduction. Attach Form 8853	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 One-half of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction (see page 29)	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN ►	31a
32 IRA deduction (see page 31)	32
33 Student loan interest deduction (see page 33)	33 2,410
34 Jury duty pay you gave to your employer	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 through 31a and 32 through 35	36 2,410
37 Subtract line 36 from line 22. This is your adjusted gross income	37 13,319

Form 1040 (2006)

• Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

EEA

Form 1040 (2008) MORISA &amp; THOMAS HOLLIS

## Tax and Credits

## Standard Deduction for—

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.
- All others: Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	39a	Check <input type="checkbox"/> You were born before January 2, 1942, if: <input type="checkbox"/> Spouse was born before January 2, 1942,	39b	Blind. <input type="checkbox"/> Total boxes Blind. <input type="checkbox"/> checked ► 39a
40	Subtract line 40 from line 38	41	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	40 10,300 41 3,019
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	45	42 13,200 43 0
46	Alternative minimum tax (see page 39). Attach Form 6251	47	44 0		
48	Add lines 44 and 45	49	45 0		
50	Foreign tax credit. Attach Form 1116 if required	51	46 0		
52	Credit for child and dependent care expenses. Attach Form 2441	53	56 0		
54	Credit for the elderly or the disabled. Attach Schedule R	55	57 0		
56	Education credits. Attach Form 8863	57	58 0		
58	Retirement savings contributions credit. Attach Form 8880	59	59 0		
60	Residential energy credits. Attach Form 5695	61	60 4		
62	Child tax credit (see page 42). Attach Form 8901 if required	63	61 0		
64	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8389 c <input type="checkbox"/> Form 8859	65	62 0		
66a	Other credits: a <input type="checkbox"/> Form 8300 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	66a	63 4		
67	Add lines 47 through 55. These are your total credits	68	64 499		
69	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	70	65 0		
71	Self-employment tax. Attach Schedule SE	72	66a 4,536		
72	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	73	67 0		
73	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO.	74a	68 554		
74a	Advance earned income credit payments from Form(s) W-2, box 9	75	69 0		
75	Household employment taxes. Attach Schedule H	76	70 0		
76	Add lines 57 through 62. This is your total tax	77	71 776		
77	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	78	72 6,365		
78	If line 72 is more than line 73, subtract line 63 from line 72. This is the amount you overpaid	79	73 6,361		
79	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	80	74a 6,361		
80	b Routing number 0 4 4 0 0 0 3 7 ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	81	75 0		
81	d Account number R A L 0 4 X X X 3 2 3 6 8 1 5 9 7	82	76 0		
82	Amount of line 73 you want applied to your 2007 estimated tax	83	77 0		
83	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	84	78 6,365		
84	Estimated tax penalty (see page 62)	85	79 6,361		
85	Do you want to allow another person to discuss this return with the IRS (see page 63)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No				

## Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

## Amount You Owe

## Third Party Designee

## Sign Here

Joint return? See page 17.

Keep a copy for your records.

Your signature 81597	Date 02-07-2007	Your occupation RAMP AGENT	Personal identification number (PIN) 773-653-6363
Spouse's signature. If a joint return, both must sign. 62577	Date 02-07-2007	Spouse's occupation STUDENT	Daytime phone number 773-653-6363
Preparer's signature Mildred F Hampton	Date 02-07-2007	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 43-2090550
Firm's name (or yours if self-employed, address, and ZIP code) BEST FOR LESS TAX SERVICE 9010 S COTTAGE GROVE CHICAGO	EIN IL 60619	Phone no. 773-994-7177	Form 1040 (2008)

Certificate Number: 03788-ILN-CC-004112055

**CERTIFICATE OF COUNSELING**

I CERTIFY that on May 29, 2008, at 3:38 o'clock PM EDT,  
Thomas Hollis received from  
Alliance Credit Counseling, Inc.  
an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the  
Northern District of Illinois, an individual [or group] briefing that complied  
with the provisions of 11 U.S.C. §§ 109(h) and 111.  
A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of  
the debt repayment plan is attached to this certificate.  
This counseling session was conducted by internet.

Date: May 30, 2008 By /s/ Timothy E. Young for Erica Almond  
Name Erica Almond  
Title Accredited Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 30, 2008 By /s/ Timothy E. Young for Erica Almond  
Name Erica Almond  
Title Accredited Credit Counselor

Certificate Number: 03788-ILN-CC-004112054**CERTIFICATE OF COUNSELING**

I CERTIFY that on May 29, 2008, at 3:38 o'clock PM EDT,

Morisa Hollis received from

Alliance Credit Counseling, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the  
Northern District of Illinois, an individual [or group] briefing that complied  
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of  
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 30, 2008

By /s/Timothy E Young for Erica Almond

Name Erica Almond

Title Accredited Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Hollis, Thomas E Jr. & Hollis, Morisa G

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative  
**To Be Used When Filing over the Internet**

**PART I - DECLARATION OF PETITIONER**

A. To be completed in all cases.

I(We) Thomas E Hollis, Jr. and Morisa G Hollis, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Thomas E Hollis Jr.  
(Debtor or Corporate Officer, Partner or Member)

Signature: Morisa G. Hollis  
(Joint Debtor)